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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 1, 2007

Signature:

Dennis M. Smid
(Dennis M. Smid, Esq.)

Docket No.: SONYJP 3.0-1014
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Noguchi et al.

Application No.: 10/629,418

Filed: July 29, 2003

For: DIGITAL SIGNAL PROCESSING DEVICE
AND DIGITAL SIGNAL PROCESSING
METHOD

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: Group Art Unit: 2611
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: Examiner: J. Tu
:
:
:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the official action mailed November 1, 2006, applicants submit the following amendments and remarks.



AMENDMENT TRANSMITTAL LETTER				Docket No. SONYJP 3.0-1014	
Application No. 10/629,418-Conf. #6003	Filing Date July 29, 2003	Examiner J. Tu	Art Unit 2611		
Applicant(s): Masayoshi Noguchi, Gen Ichimura, and Nobukazu Suzuki					
Invention: DIGITAL SIGNAL PROCESSING DEVICE AND DIGITAL SIGNAL PROCESSING METHOD					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	9	- 20 =	0	x 50.00	0.00
Independent Claims	3	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Dennis M. Smid, Esq. Attorney/Agent Reg. No.: 34,930 LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6374				Dated: <u>February 1, 2007</u>	
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Dated: February 1, 2007		Signature: (Dennis M. Smid, Esq.)			